

**PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE**  
(ONE FORM PER MEDICATION)

\*\*\*\*\*  
\*\*

**To be completed by the child's health care provider with prescriptive authority:**

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person with Prescriptive Authority      Phone #      Date

Print name:

\*\*\*\*\*

**To be completed by the parent or guardian:**

I hereby give my permission for \_\_\_\_\_ to take the  
(Child's Name)  
above medication, in child care, as ordered by the health care provider. I understand that  
is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of Parent or Guardian      Date

**Note: The medication is to be brought to child care in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage. This form must also be filled out completely in order for the medication to be given. This is the Division of Child Care Licensing requirement.**